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Response to Office Action

U.S. Patent Application No. 09/764,729

BIOMETRIC KEY

Our Ref: 25486-111966 (9300-1)

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PTO/SB/21 (02-04)

Approved for use through 07/31/2006, OMB \$551-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE are required to respond to a collection of information upless it displays a valid OMB control outsign. L. M. M. (D. T. 1004) 3 P. T. Under the Pagerwork Reduction Act of 1995, no person 09/764:729 Application Number Filing Date TRANSMITTAL January 17, 2001 First Named Inventor Bacchiaz et al. **FORM** Art Unit 2835 (to be used for all correspondence after initial filing) Examiner Name Dang, J. Attorney Docket Number 9300-1 Total Number of Pages In This Submission (Check all that apply) **ENCLOSURES** After Allowance communication to Technology Center (TC) Drawing(\$) ~ Fee Transmittal Form Appeal Communication to Board of Appeals and Interferences Licensing-related Papers Fee Attached Appeal Communication to TC (Appeal Notice, Brief, Ropty Brief) Petition 7 Amendment/Reply Petition to Convert to a Proprietary Information Provisional Application After Final Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Terminal Disclaimer Identify below): Extension of Time Request Request for Refund Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Remarks Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Theodore M. Green/Reg. No. 41,801 P.O. Box 3188 Individual name West Palm Beach Signature Date March 7, 2005 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Typed or printed name Theodore M. Green/Reg. No. 41,801 Date March 7, 2005 Signature

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Panerwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 09/764,729 TRANSMI Filing Date January,17,.2001 Bacchiaz et al For FY 2005 First Named Inventor Dang, J. Examiner Name Applicant claims small entity status. See 37 CFR 1.27 2635 Art Unit Attomey Docket No. 9300-1 TOTAL AMOUNT OF PAYMENT (\$) 275.00 METHOD OF PAYMENT (check all that apply) Other (please identify): None Money Order Credit Card Check Doposit Account Name: Akerman Senterdit Deposit Account Deposit Account Number: 50-0961 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee ✓ Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) 1 Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES EXAMINATION FEES SEARCH FEES **FILING FEES** Small Entity Small Entity Small Entity Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (5) Application Type 200 100 500 300 150 250 Utility 100 130 65 50 200 100 Design 160 ጸሰ 200 100 300 150 Plant 600 300 250 500 300 150 Reissue 0 0 0 0 200 100 **Provisional** Small Entity 2. EXCESS CLAIM FEES Fee (\$<u>)</u> Fee (\$) Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 360 Multiple dependent claims Multiple Dependent Claims Fee (\$) Fee Paid (\$) Extra Claims Total Claims Feo (\$) Fee Paid (\$) 25.00 75.00 20 or HP = 3 HP = highest number of total claims paid for, if greater than 20 0.00 Fee Paid (\$) Fee (\$) Extra Claims Indep. Claims 25 - 3 or HP = 8 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fea_Pald (\$) Number of each additional 50 or fraction thereof Fee (\$) Extra Sheets Total Sheets (round up to a whole number) × / 50 = - 100 = Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) SUBMITTED BY Registration No. 41,801 Telephone 561.653.5000 Signature (Attorney/Agent) Date March 7, 2005

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Name (Print/Type) Theodore M. Green

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE, CONTROL PATENT AND

45年7年7月

In re: Application of: BACCHIAZ, et al.

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Application No.:

09/764,729

DANG, J. Examiner:

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Date Filed:

January 17, 2001

2635 Group:

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For: BIOMETRIC KEY

CERTIFICATE UNDER 37 CFR 1.8(a)

I hereby certify that this correspondence is being transmitted via facsimile to the Cornmissioner for Patents to 703.872.9306, on March

Reg. No. 41,801

Theodore M. Green

RESPONSE TO OFFICE ACTION

VIA FACSIMILE 703.872.9306

MAIL STOP AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the office action mailed December 7, 2004 (Office Action), please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 15 of this paper.